



Royal Borough
of Windsor &
Maidenhead

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print) LEO WARTEN

NAME OF CARER Simon ERMANN

CATEGORY OF CARE PROVIDED (please tick)

Childcare i.e. for children aged 15 or less	<input type="checkbox"/>
Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member	<input checked="" type="checkbox"/>

APPROVED DUTY THAT CARER SERVICE RELATES TO:-

With Ben Crompton Paul

DATE OF CARER SERVICE (DD/MM/YY) 14/1/17

PLEASE NOTE, THE ALLOWANCE IS PAYABLE FOR THE LENGTH OF THE QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A MAXIMUM OF ONE HOUR PER CLAIM.

TIME

From	<u>1500</u>
To	<u>2000</u>
Total hours	<u>2 1/2</u>

(Maximum 4 hours)

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 16 years of age or over and not an immediate member of my family or person residing with [REDACTED]

Signature of Member [REDACTED]

Date 6/3/17

FAILURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM.

RECEIPT ATTACHED (please tick)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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TO BE COMPLETED BY CARER

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 16 years of age or over and not an immediate member of my family or person residing with [REDACTED]

Signature of Carer [REDACTED]

Date 6/3/17

Age of Carer (please tick) ☐ 16-17 ☐ 18-20yrs ☒ 21yrs & over

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

FOR OFFICE USE ONLY					
Members' Services:	Total Amount Claimed £ <u>40</u>				
	Authorised for payment [REDACTED]		Date <u>6/4/17</u>		
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date



Royal Borough
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ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print)..... LEO WARTEN

NAME OF CARER..... Sarah E. R. M. M. S.

CATEGORY OF CARE PROVIDED (please tick)

Childcare i.e. for children aged 15 or less	<input type="checkbox"/>
Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member	<input checked="" type="checkbox"/>

APPROVED DUTY THAT CARER SERVICE RELATES TO:..... P. Carr, J. H. Carr, J. Carr, J. Carr, J. Carr

DATE OF CARER SERVICE (DD/MM/YY) 17/11/16

PLEASE NOTE, THE ALLOWANCE IS PAYABLE FOR THE LENGTH OF THE QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A MAXIMUM OF ONE HOUR PER CLAIM.

TIME

From	<u>1600</u>
To	<u>2125</u>
Total hours	<u>2 1/4 + 1/2 = 2 3/4</u> (Maximum 4 hours)

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 16 years of age or over and not an immediate member of my family or person residing with me

Signature of Member..... [Redacted] Date..... 6/3/17

FAILURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM.

RECEIPT ATTACHED (please tick)	Yes	No
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TO BE COMPLETED BY CARER

I declare that I have [Redacted] above.

Signature of Carer..... [Redacted] Date..... 6/3/17

Age of Carer (please tick) 16-17..... 18-20yrs..... 21yrs & over..... ☒

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

FOR OFFICE USE ONLY					
Members' Services:	Total Amount Claimed £ <u>40</u>		Date <u>6/4/17</u>		
	Authorised for payment <u>[Redacted]</u>				
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date



ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR
MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print).....LEWIS KERN

NAME OF CARER.....Sandra Erasmus

CATEGORY OF CARE PROVIDED (please tick)

Childcare i.e. for children aged 15 or less	<input type="checkbox"/>
Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member	<input checked="" type="checkbox"/>

APPROVED DUTY THAT CARER SERVICE RELATES TO:

.....Milla Ben Elmest panel

DATE OF CARER SERVICE (DD/MM/YY)15/2/17

PLEASE NOTE, THE ALLOWANCE IS PAYABLE FOR THE LENGTH OF THE QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A MAXIMUM OF ONE HOUR PER CLAIM.

TIME

From	1815
To	2000
Total hours	2 1/4

(Maximum 4 hours)

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 16 years of age or over and not an immediate member of my family or person residing with me

Signature of Member..... Date.....6/3/17

FAILURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM.

RECEIPT ATTACHED (please tick)	Yes	No
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TO BE COMPLETED BY CARER

I declare that I have

Signature of Carer.....

Date.....6/3/17

Age of Carer (please tick) 10-17..... 18-20yrs..... 21yrs & over.....

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

FOR OFFICE USE ONLY

Members' Services:	Total Amount Claimed £36	
	Authorised for payment	Date 6/4/17
Payroll:	Input by:	Date:
	Batch no.	Checked by:
		Date



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INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print) LEO WALTERS

NAME OF CARER Simon Roberts

CATEGORY OF CARE PROVIDED (please tick)

Childcare i.e. for children aged 15 or less	<input type="checkbox"/>
Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member	<input checked="" type="checkbox"/>

APPROVED DUTY THAT CARER SERVICE RELATES TO:-

Planning & Home Services Panel

DATE OF CARER SERVICE (DD/MM/YY) 30/1/17

PLEASE NOTE, THE ALLOWANCE IS PAYABLE FOR THE LENGTH OF THE QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A MAXIMUM OF ONE HOUR PER CLAIM.

TIME

From	<u>1400</u>
To	<u>2010</u>
Total hours	<u>1 1/2</u>

(Maximum 4 hours)

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 16 years of age or over and not an immediate member of my family or person residing with me.

Signature of Member. [Redacted]

Date 6/3/17

FAILURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM.

RECEIPT ATTACHED (please tick)	Yes	No
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TO BE COMPLETED BY CARER

I declare that I have [Redacted] re.

Signature of Carer. [Redacted]

Date 6/3/17

Age of Carer (please state) [Redacted] 21 yrs & over ☒

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

FOR OFFICE USE ONLY					
Members' Services:	Total Amount Claimed £ <u>20</u>				
	Authorised for payment <u>[Redacted]</u>		Date <u>6/4/17</u>		
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date



Royal Borough
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ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print) LEO WALTERS

NAME OF CARER Sandra Erasmus

CATEGORY OF CARE PROVIDED (please tick)

Childcare i.e. for children aged 15 or less	<input type="checkbox"/>
Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member	<input checked="" type="checkbox"/>

APPROVED DUTY THAT CARER SERVICE RELATES TO:-

Local Plan Working Group

DATE OF CARER SERVICE (DD/MM/YY) 8/11/16

PLEASE NOTE, THE ALLOWANCE IS PAYABLE FOR THE LENGTH OF THE QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A MAXIMUM OF ONE HOUR PER CLAIM.

TIME

From	<u>1830</u>
To	<u>2030</u>
Total hours	<u>2 + 1/2 TRAV</u>

(Maximum 4 hours)

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 16 years of age or over and not an immediate member of my family or person residing with me

Signature of Member [Redacted] Date 6/3/17

FAILURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM.

RECEIPT ATTACHED (please tick)	Yes	No
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TO BE COMPLETED BY CARER

I declare that I have [Redacted] ve.

Signature of Carer [Redacted] Date 6/3/17

Age of Carer (please tick) 16-17 ☐ 18-20yrs ☐ 21yrs & over ☒

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

FOR OFFICE USE ONLY					
Members' Services:	Total Amount Claimed £ <u>10</u>				
	Authorised for payment <u>[Redacted]</u>		Date <u>6/4/17</u>		
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date



Royal Borough
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ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print)..... LEO WALTER

NAME OF CARER..... Smrta ER ARMU

CATEGORY OF CARE PROVIDED (please tick)

Childcare i.e. for children aged 15 or less	<input type="checkbox"/>
Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member	<input checked="" type="checkbox"/>

APPROVED DUTY THAT CARER SERVICE RELATES TO:-

..... Fun Council

DATE OF CARER SERVICE (DD/MM/YY) 13/12/16

PLEASE NOTE, THE ALLOWANCE IS PAYABLE FOR THE LENGTH OF THE QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A MAXIMUM OF ONE HOUR PER CLAIM.

TIME

From	<u>1930</u>
To	<u>2115</u>
Total hours	<u>1 1/2</u>

(Maximum 4 hours)

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 16 years of age or over and not an immediate member of my family or person residing with me.

Signature of Member..... [Redacted] Date..... 6/3/17

FAILURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM.

RECEIPT ATTACHED (please tick)	Yes	No
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TO BE COMPLETED BY CARER

I declare that I have actually and necessarily incurred expenditure as detailed above.

Signature of Carer..... [Redacted] Date..... 6/3/17

Age of Carer (please tick) 10-17..... 18-20yrs..... 21yrs & over..... ☒

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

FOR OFFICE USE ONLY					
Members' Services:	Total Amount Claimed £ <u>20</u>				
	Authorised for payment <u>[Redacted]</u>		Date <u>6/4/17</u>		
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date



Royal Borough
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ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print) LEO WAZIEM

NAME OF CARER Samira EL Mous

CATEGORY OF CARE PROVIDED (please tick)

Childcare i.e. for children aged 15 or less	<input type="checkbox"/>
Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member	<input checked="" type="checkbox"/>

APPROVED DUTY THAT CARER SERVICE RELATES TO:-

11th Dec Control Panel

DATE OF CARER SERVICE (DD/MM/YY) 19/12/16

PLEASE NOTE, THE ALLOWANCE IS PAYABLE FOR THE LENGTH OF THE QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A MAXIMUM OF ONE HOUR PER CLAIM.

TIME

From	<u>1800</u>
To	<u>2050</u>
Total hours	<u>3 min TAN</u>

(Maximum 4 hours)

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 16 years of age or over and not an immediate member of my family or person residing with me

Signature of Member.. [Redacted]

Date 6/3/17

FAILURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM.

RECEIPT ATTACHED (please tick)	Yes	No
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TO BE COMPLETED BY CARER

I declare that I have

Signature of Carer [Redacted]

Age of Carer (please

Date 6/3/17

.21 yrs & over ☒

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

FOR OFFICE USE ONLY					
Members' Services:		Total Amount Claimed £ <u>49</u>			
		Authorised for payment <u>[Redacted]</u>		Date <u>6/3/17</u>	
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date



ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR
MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print)..... LEOWALTERS

NAME OF CARER..... SANDRA ERASMUS

CATEGORY OF CARE PROVIDED (please tick)

Childcare i.e. for children aged 15 or less	<input type="checkbox"/>
Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member	<input checked="" type="checkbox"/>

APPROVED DUTY THAT CARER SERVICE RELATES TO:-

..... C/PRE EXECUTIVE MEETINGS THEALE

DATE OF CARER SERVICE (DD/MM/YY) 31/10/16

PLEASE NOTE, THE ALLOWANCE IS PAYABLE FOR THE LENGTH OF THE QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A MAXIMUM OF ONE HOUR PER CLAIM.

TIME

From	1000Hrs
To	1200
Total hours	3 hrs TRAV.

(Maximum 4 hours)

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 16 years of age or over and not an immediate member of my family or person residing with me.

Signature of Member.....

Date..... 6/3/17

FAILURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM.

RECEIPT ATTACHED (please tick)	Yes	No
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TO BE COMPLETED BY CARER

I declare that I..... ve.

Signature of Carer.....

Date..... 6/3/17

Age of Carer (p..... 21yrs & over.....

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

FOR OFFICE USE ONLY

Members' Services:	Total Amount Claimed £ 45	
	Authorised for payment	Date 6/4/17
Payroll:	Input by:	Date:
		Batch no.
	Checked by:	Date



Royal Borough
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Maidenhead

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print).....

LEO WALTERS

NAME OF CARER.....

Sandra E Rasmussen

CATEGORY OF CARE PROVIDED (please tick)

Childcare i.e. for children aged 15 or less	<input type="checkbox"/>
Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member	<input checked="" type="checkbox"/>

APPROVED DUTY THAT CARER SERVICE RELATES TO:-

CPR = 1 hour

DATE OF CARER SERVICE (DD/MM/YY)

6/2/17

PLEASE NOTE, THE ALLOWANCE IS PAYABLE FOR THE LENGTH OF THE QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A MAXIMUM OF ONE HOUR PER CLAIM.

TIME

From	1000
To	1200
Total hours	3

(Maximum 4 hours)

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 16 years of age or over and not an immediate member of my family or person residing with me.

Signature of Member.....

Date...6/3/17.....

FAILURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM.

RECEIPT ATTACHED (please tick)	Yes	No
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COMPLETED BY CARER

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 16 years of age or over and not an immediate member of my family or person residing with me.

Signature of Carer.....

Date...6/3/17.....

Age of Carer (please print).....

21 yrs & over...✓.....

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

FOR OFFICE USE ONLY

Members' Services:	Total Amount Claimed £ 0.00	Date 6/4/17
Payroll:	Input by:	Date:
	Batch no.	Checked by:
		Date



ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR
MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print) LEO WALTERSNAME OF CARER Sandra Williams

CATEGORY OF CARE PROVIDED (please tick)

Childcare i.e. for children aged 15 or less	<input type="checkbox"/>
Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member	<input checked="" type="checkbox"/>

APPROVED DUTY THAT CARER SERVICE RELATES TO:-

CARE TRAVELDATE OF CARER SERVICE (DD/MM/YY) 16/1/17

PLEASE NOTE, THE ALLOWANCE IS PAYABLE FOR THE LENGTH OF THE QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A MAXIMUM OF ONE HOUR PER CLAIM.

TIME

From	<u>1000</u>
To	<u>1230</u>
Total hours	<u>3 1/2 hrs TRAV.</u>

(Maximum 4 hours)

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 16 years of age or over and not an immediate member of my family or person residing with me.

Signature of Member.

Date 6/3/17**FAILURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM.**

RECEIPT ATTACHED (please tick)	Yes	No
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TO BE COMPLETED BY CARER

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 16 years of age or over and not an immediate member of my family or person residing with me.

Signature of Carer

Date 6/3/17

Age of Carer (please print)

21 yrs & over

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

FOR OFFICE USE ONLY

Members' Services:	Total Amount Claimed £ <u>56</u>	
	Authorised for payment <u>[Signature]</u>	Date <u>6/4/17</u>
Payroll:	Input by:	Date: <u>[Signature]</u> Batch no. Checked by: Date



ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR
MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print)..... LEU WAREMNAME OF CARER..... Sarah ERM

CATEGORY OF CARE PROVIDED (please tick)

Childcare i.e. for children aged 15 or less	<input type="checkbox"/>
Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member	<input checked="" type="checkbox"/>

APPROVED DUTY THAT CARER SERVICE RELATES TO:-

..... CPRF teamDATE OF CARER SERVICE (DD/MM/YY) 12/12/16

PLEASE NOTE, THE ALLOWANCE IS PAYABLE FOR THE LENGTH OF THE QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A MAXIMUM OF ONE HOUR PER CLAIM.

TIME

From	<u>1000</u>
To	<u>1200</u>
Total hours	<u>3 hrs TRAV</u>

(Maximum 4 hours)

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 16 years of age or over and not an immediate member of my family or person residing with me

Signature of Member..... [Redacted] Date..... 6/3/17**FAILURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM.**

RECEIPT ATTACHED (please tick)	Yes	No
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TO BE COMPLETED BY CARER

I declare that I have..... [Redacted]Signature of Carer..... [Redacted] Date..... 6/3/17Age of Carer (please state in years)..... [Redacted] 21 yrs & over..... [Redacted]

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

FOR OFFICE USE ONLY

Members' Services:	Total Amount Claimed <u>£48</u>	
	Authorised for payment <u>[Redacted]</u>	Date <u>6/4/17</u>
Payroll:	Input by:	Date:
		Batch no.
		Checked by:
		Date



Royal Borough
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ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print) LEO WALTERS

NAME OF CARER Sandra Evans

CATEGORY OF CARE PROVIDED (please tick)

Childcare i.e. for children aged 15 or less	<input type="checkbox"/>
Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member	<input checked="" type="checkbox"/>

APPROVED DUTY THAT CARER SERVICE RELATES TO:-

CPR (V. Regia) London

DATE OF CARER SERVICE (DD/MM/YY) 14/12/16

PLEASE NOTE, THE ALLOWANCE IS PAYABLE FOR THE LENGTH OF THE QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A MAXIMUM OF ONE HOUR PER CLAIM.

TIME

From	<u>1100</u>
To	<u>1600</u>
Total hours	<u>4</u>

(Maximum 4 hours)

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 16 years of age or over and not an immediate member of my family or person residing with [REDACTED]

Signature of Member [REDACTED]

Date 6/3/17

FAILURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM.

RECEIPT ATTACHED (please tick)	Yes	No
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TO BE COMPLETED BY CARER

I declare that I have [REDACTED]

Signature of Carer [REDACTED]

Date 6/3/17

Age of Carer (please [REDACTED])

21 yrs & over ☒

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

FOR OFFICE USE ONLY					
Members' Services:		Total Amount Claimed <u>£ 60</u>			
		Authorised for payment [REDACTED]		Date <u>6/4/17</u>	
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date



ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR
MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print).....

NAME OF CARER..... SANDRA GRIMMUS

CATEGORY OF CARE PROVIDED (please tick)

Childcare i.e. for children aged 15 or less	<input type="checkbox"/>
Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member	<input checked="" type="checkbox"/>

APPROVED DUTY THAT CARER SERVICE RELATES TO:-

..... BORO LOCAL PLAN - MEMBER BRIEFINGDATE OF CARER SERVICE (DD/MM/YY) 10/11/16

PLEASE NOTE, THE ALLOWANCE IS PAYABLE FOR THE LENGTH OF THE QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A MAXIMUM OF ONE HOUR PER CLAIM.

TIME

From	<u>1830</u>
To	<u>2030</u>
Total hours	<u>2 + 1/2 TRAV</u>

(Maximum 4 hours)

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 16 years of age or over and not an immediate member of my family or person residing with me

Signature of Member.....

Date..... 6/3/17**FAILURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM.**

RECEIPT ATTACHED (please tick)	Yes	No
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TO BE COMPLETED BY CARER

I declare that I have signed this invoice as the carer of the above.

Signature of Carer.....

Date..... 6/3/17Age of Carer (please tick) 16-17..... 18-20yrs..... 21yrs & over..... ☒

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

FOR OFFICE USE ONLY

Members' Services:	Total Amount Claimed £ <u>40</u>	
	Authorised for payment <u>[Signature]</u>	Date <u>6/4/17</u>
Payroll:	Input by:	Date:
		Batch no.
		Checked by:
		Date



Royal Borough
of Windsor &
Maidenhead

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print)..... LEO WALTERS

NAME OF CARER..... SANDRA ERASMUS

CATEGORY OF CARE PROVIDED (please tick)

Childcare i.e. for children aged 15 or less	<input type="checkbox"/>
Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member	<input checked="" type="checkbox"/>

APPROVED DUTY THAT CARER SERVICE RELATES TO:- INVESTOR LONDON SPOREMENTAL RHYMAN

DATE OF CARER SERVICE (DD/MM/YY) 2/11/16

PLEASE NOTE, THE ALLOWANCE IS PAYABLE FOR THE LENGTH OF THE QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A MAXIMUM OF ONE HOUR PER CLAIM.

TIME

From	<u>1400</u>
To	<u>1700</u>
Total hours	<u>4</u> <u>MILITARY</u>

(Maximum 4 hours)

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is not a member of my family or a person residing with me.

Signature of Member..... Date..... 6/3/17

FAILURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM.

RECEIPT ATTACHED (please tick)	Yes	No
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TO BE COMPLETED BY CARER

I declare that I have mailed above.

Signature of Carer..... Date..... 6/3/17

Age of Carer (please tick) 16-17..... 18-20yrs..... 21yrs & over..... ☒

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

FOR OFFICE USE ONLY					
Members' Services:		Total Amount Claimed £ <u>60</u>			
		Authorised for payment <u>[Signature]</u>		Date <u>6/4/17</u>	
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date